

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009757

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 5 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

b. CITY (If outside corporate limits, give TOWNSHIP only)

Lemay

Length of stay in 1b

32 Months

c. CITY

Lemay

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

200 Fannie

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

200 Fannie

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

JOHN AUSTIN DRINEN

4. DATE OF DEATH

Month

Day

Year

Feb. 15, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

4/1/72

9. AGE (last birthday)

90

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Jeff. Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frank Drinen

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Sarah Rulo Drinen(Dec

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or dates of

No

NO.

17. INFORMANT

Address

Genevieve Dugan, 200 Fannie, Lemay, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypertension

INTERVAL BETWEEN ONSET AND DEATH

2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

3 years

DUE TO (c)

Generalized Arteriosclerosis

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Leg ulcers, Bronchitis, Chronic nephritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 7, 1953 to Feb 15, 1963 and last saw him alive on Feb 17, 1963. Death occurred at 9:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Leroy E. Ellison MD

22b. ADDRESS

3610 So Broadway, St Louis Mo

22c. DATE SIGNED

Feb 15, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2/19/63

23c. NAME OF CEMETERY OR CREMATORY

St. Stephens

23d. LOCATION (City, town, or county)

Richwoods, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

J. LEE MOTHERSHEAD, DESOTO, MO.

25. DATE RECD. BY LOCAL REG.

2-18-63

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

14000

24000

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94200

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1290-0

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arthur H. England

Licensed Embalmer No. ~~XXXXX~~ 4745

P. O. Address DeSoto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.